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CONFIRMATION NO. 7474

<b>SERIAL NUMBER</b> 10/804,250	<b>FILING OR 371(c) DATE</b> 03/19/2004 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3771	<b>ATTORNEY DOCKET NO.</b> 5199-85	
<b>APPLICANTS</b> Mitchell F. Berman, Hastings-on-Hudson, NY; <b>** CONTINUING DATA *****</b> KCM This appln claims benefit of 60/456,135 03/19/2003 <b>** FOREIGN APPLICATIONS *****</b> KCM NONE					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 05/29/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Allowance <u>KCM</u> Acknowledged <u>KCM</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 10	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> Leslie Gladstone Restaino, Esq. Brown Raysman Millstein Felder & Steiner LLP 163 Madison Avenue, P.O. Box 1989 Morristown, NJ07962-1989					
<b>TITLE</b> Integrated anesthesia machine					
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		